

sity of California Medical Department is reproduced. Likewise two small cuts which were used to better portray the text of "tonics" from the advertising pages. Those two cuts show how advertising illustrations, with other things, have progressed in the last five decades.

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Every Component Society Should Compile a Brief County Society History in 1931.—We cannot leave this topic of medical history without urging the officers of every county medical society to appoint a special committee on history, the function of which would be to compile during the coming year at least a skeleton outline of the organization and subsequent career of their respective organization. If, for instance, a complete list of county society officers, year by year, were compiled, that would make an excellent beginning, because with such information at hand the state committee on history would be in position to turn to still living officers of former days, and secure narrative and other information concerning the past. Such a sketchy historical outline for each county medical society would make an interesting addition to the California Medical Association directory of the year 1932. In such a local committee on history, in addition to one or two older members, it might be desirable to appoint one or more younger members who could go through the minute books and other records and so make compilations of the list of officers and other data.

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Pride of Organization and of Family Go Together.—Pride of organization is as commendable as pride of family. The material for an authoritative history of the California Medical Association should have been gathered some time ago. However, it is still not too late, if each component county society will at once cooperate as above indicated. Such an expression of internal development, if successfully carried out from Del Norte County in the north, to Imperial and San Diego in the south, would make the year 1931 one to be remembered in the historical annals of the California Medical Association. It is a worthy cause and work, and if we leave it undone it will be a reflection on us for which our successors will probably reproach us.

FEDERAL LEGISLATION IN AID OF MATERNAL AND INFANT WELFARE— THE SO-CALLED SHEPARD- TOWNER ACTS

The Notable Record of the United States Public Health Service.—The United States Public Health Service has long been in existence and is widely known as one of the efficient arms of our national government. It has a record of able service which other governmental services would find difficult to match. Its most creditable record, decade after decade, in all phases of public health work from the beginning has been

founded in very large part on a departmental personnel of high standard. From its inception the medical men who have guided the destinies of this important department of our national government have given of themselves most generously, and through their special professional training have been in position to render exceptional service to the public.

With such a consistent record of successful achievement in the past, would it not be fair and logical to assume that this well-organized department, which, as its name and its present organization imply, has a natural custodianship and supervision over national public health interests, would be able to meet future responsibilities in fullest measure?

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The So-called Shepard-Towner Legislation for Maternal and Infant Welfare.—The above, by way of introduction to some comments on certain public health legislation known as the Shepard-Towner Act and its successors, which bills might be outlined in calendar sequence somewhat as follows:

Phase 1. The Original Bill (so-called Shepard-Towner Act) approved November 23, 1921. (This Act by its terms was to become inoperative June 30, 1927.)

Phase 2. Extension Period for Above Act. (This was passed by the Sixty-ninth Congress as a result of an intense propaganda and fight, and was for an extension period of only two years, to end June 30, 1929.)

Phase 3. This phase is still pending, and is represented by several proposed Acts now before Congress, and which merit the serious attention of the medical profession, as follows:

(a) The Jones-Cooper bills (Senate No. 255; House R. No. 1195—this measure has already had Senate hearings).

(b) The Cooper-Robson bills (Senate No. 4738; House R. No. 12995).

If you are interested, and you and your society should be, you should write to one of your senators for copies of the above senate bills, and to one of your representatives for copies of the above house bills. A list of the United States Senators and Representatives from the states of California, Nevada and Utah is printed in the legislation column of this number of CALIFORNIA AND WESTERN MEDICINE (see page 70).

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Some of the Purposes of the Original Shepard-Towner Act.—The original Shepard-Towner act (elapsed November, 1927), and its successor (elapsed in 1929) was intended to promote the development of public health work referred to as "maternal and infant welfare" by offering federal funds for such work to states of the Union which would meet in equal amounts the federal allocation of funds for such work, provided the work was carried on in accordance with rules laid down by the federal authorities. The work was carried on through the "Children's Bureau," which is a federal government activity or bureau having a place in the United States Department of Labor.

This "Children's Bureau," which deals with these important maternal and infant welfare problems (which in their public health aspects have been largely studied or solved by physicians) is a bureau whose executives are nearly all lay citizens. With the earnestness of purpose of these lay executives issue is not taken. But with the desirability of permanently placing so important a public health work and effort as the reduction of maternal and infant morbidity and mortality under such lay domination, instead of under supervision and guidance by the trained medical personnel of the United States Public Health Service, issue may very well be taken.

* * *

The United States Children's Bureau Partakes of a Bureaucracy.—Leaving out of discussion, for the moment, the assumption of this work by the lay employees and executives of the United States Children's Bureau who found places for themselves when the original Shepard-Towner Act became a law, and who in the years that have since intervened seem to have used a considerable portion of their energy in building up their special bureaucracy in an endeavor to make it a permanent organization (even though Congress decreed that it be "after June 30, 1929, of no force and effect"), the question may well be asked by what standards these lay executives hope to prove to themselves and to the country that this work in the long run could be better done by them than by the professional personnel of the United States Public Health Service.

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The Invasion of State Rights by these Acts.—An additional argument against the Shepard-Towner and its successor acts rests upon the fact that the appropriations for this lay bureau are so made that they may be said to be a paternalistic invasion of state rights, in that states not submitting to the provisions laid down by the Children's Bureau are in good part deprived of co-operative monetary aid. In other words, non-compliance to the fiat of the lay Children's Bureau of the United States Department of Labor brought punishment to such states through almost complete withdrawal of federal aid in maternal and infant welfare.

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The Revived Act in a December 8, 1930, Hearing.—It may be of interest to note that the Jones-Cooper bill in its Senate form (S. 255) came up for consideration on December 8, on the unfinished business docket of the Senate. The new bill was sponsored and defended by Senators Jones of Washington and Shepard of Texas, and was criticized and objected to by Senators Phipps of Colorado and Tydings of Maryland. These Jones-Cooper bills (S. 255, H. R. 1195) are the particular present bills which in the Senate and House of Representatives have the best opportunity for passage. Members of the California, Nevada and Utah Medical Associations who wish further information thereon

are referred to the minutes of the House of Delegates of the American Medical Association as passed at the Detroit, June 1930, annual session, and as published in the *Journal American Medical Association* and in the *American Medical Association Bulletin* (the November 1930 number of the *American Medical Association Bulletin* gives an excellent survey of the recent situation).

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How California, Nevada and Utah Might Co-operate.—Component county societies, and members of the California, Nevada and Utah Medical Associations who believe such maternal and infant welfare public health work should be placed under the United States Public Health Service instead of under a self-perpetuating lay Children's Bureau of the United States Department of Labor, should write to their respective United States Senators and Representatives, giving the senate and house numbers of the Jones-Cooper bills. (For list of congressmen see the Miscellany column of this issue, page 70.)

Well-trained physicians presumably have expert knowledge of public health needs and work. We can therefore very properly call attention to the inadvisability of reviving the maternal and infant welfare work along such lines and under such control as is contemplated in the Jones-Cooper bills (S. 255, H. R. 1195). We can also very properly point out that appropriations for such maternal and infant welfare work can be most judiciously and efficiently expended through the medical officers of the United States Public Health Service, which latter allocation of funds and superintendence is also free from the dangers of a bureaucracy and of over-paternalistic federal intervention into the rights, needs and responsibilities of the individual commonwealths of these great United States.

There is a place for everything and everything should be in its proper place. The public health problems incident to maternal and infant welfare have a very logical and proper place in the United States Public Health Service. Let us, each of us, do our part in trying to place them there. Write your senators and representatives to that effect.

Tannic Acid in Burns and Scalds.—This is being reported as an enormous improvement over the older methods of treatment by picric acid and salines. Herzfeld (*Practitioner*, February 1929), claims that in his experience the percentage mortality has dropped from 38 to 9 per cent and that this alone would justify its use. To be of benefit it must be applied within twelve hours after the accident before toxemia sets in. Its application is painless; it prevents absorption and local sepsis; and it permits healing with minimum scar formation. How it acts is as follows: It produces a local coagulum over the raw surface and thus renders the products of the burns insoluble and incapable of absorption. Healing goes on undisturbed underneath the coagulum and once an effective coagulum is formed no further dressings are necessary. It is applied as 2.5 per cent solution in distilled water and must be freshly prepared. In severe cases the usual treatment for shock and collapse must precede the application of this remedy.—*Bulletin South Indian Medical Union*, July 1930.